# KANSAS MEDICAL JOURNAL.

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## ORIGINAL ARTICLES.

### The Confusion of the Materia Medica Relating to the Theory and Practice of Medicine.

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Read before the American Academy of Medicine, Atlanta, May 2, 1896.

During a recent visit to a patient, there happened to be present an old colored woman, who had recently recovered from a long illness. She told how sick she had been, and how infrequent were the visits of her friends. On one of the sick days, she asked the Lord for just one favor. Her supreme desire, at that moment, consisted of a supplication that the Lord might give her a few drops of water to cool the throat. She informed me that the Lord was very busy attending to the white folks, so much so, that it was not in her heart to make him any more trouble than was necessary. The draft of water was granted, and the simple faith of the old woman was forever established in the belief of the direct mediation of the Lord in her behalf.

A banker, dangerously ill, begged of his attendants, prior to my visit, for a cup of cold water, and the request was denied. Upon my arrival, he ventured to repeat the desire for cold water, thinking that perhaps it would be again denied. His gratification when the water was given him, was both a delight to the physician and a surprise to the anxious and tearful wife. The severe and protracted vomiting which had occupied the greater part of the day immediately ceased upon swallowing the cold water. The simple request of the patient had been regarded with fear and trembling by the inexperienced and untrained observers of his misery.

The actual demands of nature are exceedingly few and simple. The recitals just given indicate two illustrations of the real demands of nature when prompted to express itself. When the study of medicine is begun, during the years of indolescence, the alarm of the student on account of its vastness is well-nigh unbearable. A student confided to me that his fear of inability to remember the materia medica, strongly induced him to reconsider his plan of life. The outlook, he said, appalled him. He felt the responsibility that would attach to the career of a physician, conscious of the confusion in his estimate of the agencies used for the cure of disease.

The list of remedies recommended by the standard authors for the cure of disease is, indeed, enough to bewilder thought. The new forms which are daily added to the old list are destructive to the peace and tranquillity of even the mature medical mind. When the first pharmacopeia was prepared, in the days of Nero, the total number of articles contained therein, was sixty. Prior to this formal collection, remedies for internal use were seldom thought of, and scarcely ever used. The cure of disease was accomplished during the Hippocratic period by the use of hygiene and by external applications. Success of one who became celebrated at this time, consisted in his wonderous ability to mix an odd collection of strangely incongruous substance into a mysterious concoction. Since that day, a glance at the materia medica as it exists, is sufficent to show that changes have occurred. Taking it all in all, perhaps the change is for the better. The present materia medica is too voluminous to practically examine,

and a determination is beyond the range of a short time.

The study of Bartholow during college days was as interesting as a romance. Fothergill's elaborate practice, and the prescriptions which it contained, surprised and delighted the inquiring mind. The recommendations were closely followed, and hope of the recovery of the sick, was believed to be near at hand. The shock which followed disapponitment of the expectations, has never been forgotten. Page upon page of the materia medica was scutinized for fresh material with which to meet urgent and anxious appeals from the patients. Experience after experience taught, that after all, the cure of the disease was remotely dependent upon the materia medica. The first decade of the physician is a series of experiments with the recommendations of the text book. The failures which ensue are ascribed to inexperience, and hope springs afresh, in each instance, that a little more experience will teach the correct use of the all-powerful healing agents. The medical life wears on, and the hope of greater triumphs is deferred from time to time. The realization of the fond expectations of a perfect system of scientific medication ends in disappointment.

Is this not the experience of the medical profession? Benjamin Rush exclaimed upon his dying day, that diseases were multiplied and their fatality increased. It seems that the greater the array of material provided by pharmacy for the treatment of disease, the greater the contention and the increase of confusion. Medical men are widely separated in their views in the estimate of values of different plans of treating disease. No common agreement prevails to any degree. During each generation some special form of medication has occupied the professional mind. One thing has followed another. A close student of the history of medicine will discover, that which seems to be new is for the most part really old. We ask each other, What is new? referring to what is good. There is always much that is new, but what is novel is not always useful. The prevailing tendency during our generation has been the development of an endless number of synthetic products from the laboratory of the chemist. Still more recently, the development of a plausible system of treatment is based upon morbid animal fluids. It matters very little what the remedy is, or from what generation it takes its origin; throughout the whole series, the best that can be said concerning them is that they are drugs. There is no natural place in the human economy for drugs. Symptoms are sometimes controlled, modified and suppressed by the administration of the chemic agent, but it does not follow that the amelioration of a symptom is the same thing as the cure of the disease. In fact, the disease is cured by nature, and the public gives the credit to the drug which is, fortuitously or unfortuitously, swallowed. It is very well understood, by the profession, that the influence of pharmaceuticals upon the health of the body is practically a harm. But the estimate of the public is in favor of the apothecary.

My words are directed to confreres and not to laymen. The views, therefore, uttered by me are spoken in the deepest sympathy and with the utmost confidence in the intelligence of the profession. The pharmaceuticals offered for the use of the profession to-day number more than 10,000 preparations. The number of proprietary and patented medicines, which are recommended both to the profession and to the public by their makers, constitute a large percentage of the remedies which are prescribed. The tendency is to accept the teaching and the direction of corporations, whose scientific knowledge and interest in the profession is generally secondary to the pecuniary gain. We constitute a body of self-sacrificing and indomitable seekers for knowledge, and must forever regard invasion into our territory by the self-interested vender of proprietaries, with suspicion.

Each successive group of medical graduates is elated by whvtever prevailing medical belief that is popular at the time of his advent into the profession. Thus, it is seen, that incidents and training have a great deal to do with the views which are

entertained, even at a later period of a career. From infancy the belief in the value of the drugs of the apothecary is impressed upon the mind and remains as a guiding principle throughout the existence of the individual. A mother gives the child soothing syrup and paregoric, and annoints the chest with turpentine and lard, which produce upon the mind of the infant an impression which is never lost. The true or false value of these agencies has nothing to do with the fixed lesson which is remembered. It can be seen that owing to these drug impressions upon the young and growing mind, how difficult are reform processes in treatment, both in lay and professional ranks. The student is influenced by the lecture and refers to the notes of the lecturer or the author's text-book. It was a common practice during the teaching of one celebrated lecturer to address the class somewhat like this: "Gentlemen, this is a case of asthma; not much is known of asthma, and the treatment is found to be very disappointing. The thing to-day, is to find out what *drug* best agrees with the patient and to continue it." Whatever may have been the opinion of the class, the recollection that a *drug* was recommended is most difficult to remove from the memory.

The more numerous the list of remedies, the greater the confusion and difficulty for medicinal minds to consummate any agreement upon disputed ground. Differences in diagnosis exist, of course, but are infrequent compared to the wide disparagement between opinions with reference to the treatment of disease.

The object of medical study and the practice of the profession of medicine, is for the exclusive purpose of rendering practical assistance to the sick. All other questions are subordinate to the actual requirements indicated by danger of death. It is not within the scope of my present remarks to advocate a remedy for the evil to which these observations pertain. There is, however, a system of treatment of every disease which is either remediable or curable, which does not contemplate the long rows of black and vari-colored glassware which ornaments the apothecary shelves.

In no other allied science would such a state of confusion be tolerated as that between the materia medica and the theory and the practice of medicine. Chemistry is definite, physiology is definite, and anatomy is stable; therapeutics based upon materia medica are unsettled. When may we expect a change for the better? Is it to come through the use of horse serum? Emphatically, no! Will coal-tar products reduce the materia medica to a science? No. The profession has been going on for over 3,000 years, studying the diseases of the body and experimenting, to find out a system of therapy which is scientific. It is as far to-day from that perfection, which is desired by all, as it was 100 years ago. There were those at that time who succeeded in both ameliorating and curing disease. Such persons are among us also to-day. But the great mass of the physicians, as well as the great majority of the patients, are controled by a system of therapeutic reasoning far from scientific. There will be exceptions to my views, but the exceptions will melt away upon sifting the actual facts of the case. It is not my intention to throw any blame upon the manufacturers who are contributing these preparations, nor is it my purpose to unsympathetically criticise the practice of the profession. The state of affairs is accepted as the best by the majority and doubtless will continue. There has been confusion from the inception of the science of medicine, and probably will go on indefinitely. It is my desire to call attention to the appalling burden which the materia medica has placed upon us, with reference to correcting the methods of practice, as taught to the students of our medical colleges.

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BEGINNING with January, 1898, a foreign edition of *The Laryngoscope* will be published in Bristol, England. This is a new departure in the field of American journalism, and speaks most highly for the management of *The Laryngoscope*.

# Kansas Medical Journal.

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**Topeka, Kansas, Saturday, Dec. 11, 1897.**


AT the last meeting of the American Public Health Association at Philadelphia, Dr. S. A. Kuoff presented a very able paper on "The Urgent Need of Sanatoriums for the Consumptive Poor of our Large Cities." The application can be made to many of the smaller cities. In Germany the sanatoriums have been established in a number of places, and it has been shown that in these localities the tendency to tuberculosis has diminished among the inhabitants. The importance of fresh air and good nourishing diet is recognized by every one. They are the two essentials of the proper treatment of consumption. The rich can secure these at their homes or at the expensive health resorts, but the poor are compelled to exist in poverty and misery unless they be taken to some municipal hospital, and there lies one of the greatest dangers, and one most necessary to avoid as Dr. Kuoff expresses it "By excluding all consumptive cases from our general hospitals, and directing them to special institutions we shall protect a patient with pleurisy *a frigore* from the liklihood of developing a pleurisy of tuberculous nature. We shall protect the typhoid fever patient, with his greatly reduced power of existence, from becoming the prey of the bacillus of tuberculosis, which up to now has been almost a constant sojourner in our general hospitals, thanks to the lack of special establishments where patients afflicted with tuberculous diseases should have been cared for.

Many of the special institutions have been able to report very favorable results. The one at Chestnut Hill, Philadelphia, over which Dr. J. Sotes Cohen has charge, and which admits consumptives in all stages, reports 8 per cent. discharged as cured, and 11½ per cent. improved. The cost per capita per diem at this hospital averages between thirty and forty cents.

The successful results accomplished by this plan of isolation should recommend it not only to the large cities but to the smaller ones. The bug-bear which has so frequently been suggested *i.e.*, the cruelty in separating the patient from his friends, certainly does not exist with those to whom this benefit is most particularly directed. There can certainly be small objection on the part of the patient, and as it is the surest means of protection from the spread of the disease, there ought to be none on the part of the people.

## The Reporter Question.

One of the most honored St. Louis surgeons, the late Dr. John T. Hodgen, introduced a resolution at one of the meetings of the St. Louis Medical Society, forbidding the admission of reporters. This resolution had been a dead letter for many years, until under the presidency of the late Dr. F. D. Mooney, reporters were excluded from the meetings of the society. Dr. Mooney's successor as president of the society, Dr. W. G. Moore, also upheld this rule, which is still

most energetically enforced by the present incumbent of the presidential office. The following resolution was introduced several weeks ago by one of the veteran members of the society, Dr. Wm. Johnston:

*Resolved*, That the resolution passed by the St. Louis Medical Society requesting editors of newspapers and their reporters not to attend the meetings of the St. Louis Medical Society, is hereby repealed.

*Resolved*, that a copy of the above resolution be sent to the St. Louis newspapers and their reporters.

This resolution was acted upon at the meeting of November 27, 1897, and was lost. The objectionable features of admitting reporters to medical meetings has often been discussed in the editorial columns of the *Medical Review*. It is undoubtedly the opinion of the vast majority of the members of the society that its best interests are served by not allowing the presence of reporters.—*Medical Review*.

Many other societies are beginning to learn that newspaper prominence is not always to the best interests of their members. It is only in exceptional instances that matters are discussed in medical societies which are of interest to the public, and in such instances the reporters so garble the report and misrepresent the speakers that any good which might be gained by the newspaper report is overbalanced. Medical societies are supposed to be organized for the special benefit of the members—the benefit they may derive from the study and discussion of medical subjects, the reports of interesting cases and the experiences of the different members in the treatment of disease. A free discussion cannot be had where a newspaper reporter sits ready to give his own interpretation to the opinions of the speaker. The medical profession is often criticised for exclusiveness, and yet there are no professional men more ready to give opinions or advice where it can be of benefit to the people. In their studies, however, of the science which they profess, it is certainly right that they should be free to express opinions without the fear of being publicly misrepresented or criticized.

THE next meeting of the American Medical Association will be held in Denver. Societies throughout the State should bear this in mind so that they may appoint representatives. Kansas should be well represented at this meeting, and there are many physicians in the State who would gladly take advantage of the short trip. It is a good time to secure new members to local organizations, for permanent membership in the American Medical Association is open to delegates from other recognized societies only. If the meeting at Denver is not the largest in the history of the Society it should not be the fault of Western physicians.

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DR. W. S. BUNN, of Lawrence, has been appointed Surgeon General of the Kansas National Guard with the rank of Colonel. Dr. Bunn is a competent and well-known surgeon and has a taste for military affairs.

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## Gelatin in the Treatment of Aneurisms.

American Medico-Surgical Bulletin.

At the meeting of the Paris Academy of Medicine, held June 22, 1897 (reported in *Therap. Wochen.*), Dr. Lancerneaux said that the fact established by Dastre that solutions of gelatin increase the coagulability of the blood, had induced him to try to produce a firm coagulum in an anuerismal sack. The patient was a man 46 years old, who suffered from an aortic aneurism. It was of the size of a child's head, measuring about five inches in each diameter. The second, third and fourth cartilages, with portions of the corresponding ribs, and a large portion of the sternum, became eroded, the pulsations were distinctly visible and palpable, the skin over the aneurism became thinner and thinner, and the pains the man suffered were excruciating.

As rupture of the aneurism seemed imminent, 50 c.c. (1½ oz.) of a sterilized 1-per-cent. gelatin solution in a 1-per-cent. salt solution were injected in the left gluteal re-

gion. A slight erythema developed around the place of injection, and the temperature rose to 100° F. On the next day the tumor was somewhat firmer, and the pulsations weaker. During the next few days the pains diminished, and the tumor became smaller, but soon it reached its former dimensions, the pulsations became stronger, and the pains became as violent as before. The injections were then again commenced. In a period of three months twelve injections of 150 c.c. (4½ oz.) each, of the same solution, were administered. These were accompanied by no reaction, either local or constitutional. The tumor has diminished in size, is very firm, and the pulsations, which still can be felt on palpation, are not transmitted in all directions, as formerly. The pains have disappeared entirely. This method is well worth a trial, as it is perfectly harmless.

## Cinnamic Acid in Tuberculosis.

American Medico-Surgical Bulletin.

Dr. T. Heusser, of Davos-Platz (*N. Y. Medical Journal*) reports having treated twenty-two cases of tuberculosis with cinnamic acid. In six of these (27.25 per cent.) the lesions healed completely; twelve (44.54 per cent.) were improved; one died, and in three the treatment was without result. The patients treated belonged to one of the two following classes:

1. Chronic tuberculosis with no cavities discernible, but numerous bacilli and moderate evening temperature.

2. Cases with cavities without critical increase of temperature.

The cures were divided equally among the two classes. Of the twelve "improved" cases, three belonged to the first category, nine to the second. In seven of these the improvement has been permanent.

The writer prefers gluteal injections, the site selected being previously thoroughly disinfected with absolute alcohol, and has obtained as good results by this method as when intravenous injections were made, although the development of the cure is much slower. The dose at the beginning was usually 1½ minims of the 5-per-cent. emulsion, increased at every injection, which was made every second day, unless the patient exhibits any peculiar sensitiveness. The maximum dose is 15 grn., which is continued for a month after the disappearance of all symptoms. If any of the symptoms recur the treatment must be continued for a time.

Immediate effects from the injection do not present themselves, but a burning sensation is felt at the puncture, lasting at most from morning till evening. The patients also generally feel depressed, complain of being tired, and become irritable and nervous. After from two to four weeks, an improvement of the general condition and feeling is accompanied by an increase of appetite and weight. The cough is soon ameliorated, and the temperature gradually reduced. After four or five months the rales have completely disappeared, as have elastic vessels and bacilli in the sputum.

No evil consequences were ever observed to follow the treatment, but some temporary drawbacks are liable to occur, especially when some of the emulsion is injected into the subdermal tissues, when a shooting pain is felt, sometimes extending down the whole leg, and resembling sciatica. This, however, soon disappears without treatment.

## The Nerves of the Heart and the Thyroid Gland.

American Medico-Surgical Bulletin.

M. E. de Lyon (Academy of Science, France) has discovered the physiological destination of the third branch of the depressor nerve which forms an anastomosis with the superior cervical ganglion, also with another branch of the same nerve coming from the superior laryngeal. Excitation of this third branch causes a diminution of arterial pressure, very often accompanied by an acceleration of cardiac pulsations, especially if the two pneumogastrics have been previously divided. At the same time a slight but persistent contraction of the two

pupils is produced. The branch which proceeds from the superior laryngeal—the largest in the rabbit—serves to put the heart in direct communication with the thyroid gland, and causes the heart to intervene in the function of this gland. The cardiac filaments of the inferior laryngeal nerve have probably the same destination physiologically. The iodothyrine of Baumann, when introduced into the circulation of the blood, exercises a pronounced action upon the nerves of the heart and the vessels, and particularly upon the function of the depressors. In certain phases of this action, the excitation of the depressor nerve sometimes provokes so strong a force of blood pressure that the animal succumbs because of the inability of the heart to recover from the pressure. These new researches demonstrate the existence in the depressor nerve—besides the well-known centripetal nerve-fibers—of others capable of reflex action upon the accelerator nerves, and the oculomotor apparatus, and directly upon the thyroid gland. This diversity of functions of the depressor nerve, and also the reciprocal influence that the heart and the thyroid gland can exercise upon each other by the intermediation of this nerve, permits an explanation of the principal symptoms of Basedow's disease, or exophthalmic goiter, the cardiac symptoms and the persistent diarrhea, from paralysis of the splanchnic nerves, by the different actions exercised by the depressor upon the great sympathetic.

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## Castration and Vasectomy in Hypertrophy of the Prostate.

J. William White in the University Medical Magazine.

Sir Henry Thompson is quoted as saying that one man in every three over fifty-five years of age, examined after death, showed some enlargement of the prostate; one in every seven had some degree of obstruction present; while one in fifteen had sufficient enlargement to demand some form of treatment. In this country to-day, as shown by the last census, there are more than three million men of over fifty-four years; of these, according to Thompson's estimate, about 200,000 are sufferers from hypertrophy of this gland. He uses the word "sufferers" as referring to cases where subjective symptoms are present. White divides prostatics into four groups:

1. Those with moderate enlargement, no pain, and clear residual urine, and who have not begun the use of a catheter. He does not regard these cases as suitable for operation, particularly if sexual power is maintained, but does recommend the use of an aseptic catheter each twenty-four hours.

2. Those with large prostates—the size of a lemon may be taken as about the minimum—with eight or ten ounces of residual urine, fetid odor, filled with muco-pus, with frequent urinations, and with some difficulty and pain in the introduction of the catheter. In these cases some form of operative procedure is clearly indicated. The choice lies between vasectomy, castration, and prostatectomy. The selection of one or the other of these procedures should be based largely upon the secondary conditions above mentioned. The younger the patient, and the greater the sexual power, the freer the kidneys from degeneration or infectious changes; and the better the general health, the more the surgeon should incline toward prostatectomy. If the patient is somewhat older, the symptoms remaining the same, but the sexual power being enfeebled, vasectomy is to be chosen in the majority of cases. Still greater age, with very marked renal disease, or with very great deterioration of general health, indicates the same operation. If, however, with greater age and distinctly lessened sexual power, the renal and general conditions are good, castration promises the most benefit with the least mortality.

A factor of uncertain but of undoubted importance in these cases is the density of the prostate. The writer has seen very hard prostates shrink after castration, but they do so more slowly and less completely than glands of the same size that are softer or more succulent. It should be remarked, therefore, that unusual hardness of the prostate in cases belonging to this group

should weigh in favor of prostatectomy.

3. Those patients farther advanced in age and with more severe symptoms. These he thinks should almost always be castrated. while it should invariably be adopted in the last group.

4. This class includes the most desperate cases, with advanced kidney and vesical diseases and very large prostates associated with atheroma. It is this latter class of cases which gives the greater number of deaths from the operation. Vesical calculus is a contraindication in many cases; but when complicated by great enlargement of the prostate, castration may be an excellent preliminary operation.

Suppuration of the testicles or of the prostate, or of both—a not infrequent complication—influences the prognoses as to life somewhat unfavorably, but otherwise should be regarded as an additional indication for castration. Stricture of the urethra, if of small caliber and not easily dilatable, indicates a perineal urethrotomy combined with a prostatectomy carried out through the same wound. Diabetes contraindicates all operations unless catheterism is impossible. Then a suprapubic fistula should be established through the smallest possible wound.

The writer asserts that he has never seen a case of castration followed by physical and mental changes in the normal characteristics. Clinical experiences, he says, justify the assertion that eleven out of thirteen patients are cured by the operation. Of the remaining two, one will be improved, and the other will not experience benefit.

The mortality of the operation has been large—castration, 18 per cent.; vasectomy, 12 per cent. This he regards as due to the desperate cases in which it is performed, as in advanced kidney disease, uremia, sepsis, and other states, with great enfeeblement of the vital powers.

## A Therapeutic Potpourri.

The American Therapist.

Dr. Cattell gives the following resume of the most recent advances in therapeutics (quotes the *Medical Review of Reviews* from *Internat. Med. Mag.*, August, 1897): Paraform pastilles may be purchased, which by the aid of a small special apparatus, will quickly generate active formic aldehyde gas. An aqueous glycerin extract of the lungs of sheep is used by Brunet, both by the mouth and hypodermically, in the treatment of pulmonary affections. Sodium copaibate, from ten to twenty-five grains, four, five, or six times a day, is useful in the treatment of gonorrhea, and is not so irritating to the intestinal tract and kidneys as corresponding doses of the oil of copaiba. Boric acid is of some value for the removal of the indelible yellow stains which sometimes remain upon the skin where burns have been treated with picric acid. When the skin has been burnt with carbolic acid apply alcohol and wash in running water. The virulence of scarlet fever may be mitigated by large doses of carbolic acid frequently repeated, and it is said that any person taking scarlet fever from a patient who has been under this treatment will invariably have the disease in a milder form. For the paroxysms of angina pectoris Osler recommends nitrate of amyl in doses of from two to five minims, large doses of morphine hypodermically, and, when very severe, inhalations of chloroform. Thymus gland, eight grains, three times a day, gradually increased to from fifty to one hundred grains daily, is used in the treatment of exophthalmic goitre. Apioline has been used successfully in neurotic dysmenorrhea. An infusion of birch leaves acts as a diuretic. It is said that the Roentgen rays have been used with some success for the removal of hairy, pigmented moles. Stowell says that thyroid gland extract is an excellent galactagogue. Gillette has found the injection of a teaspoonful of hydrogen dioxide an efficient remedy for epistaxis. Mariotti, after evacuating the contents of a tuberculous abscess, injects a ten per cent. solution of oil of cloves suspended in sterilized oils. Chantemesse believes that the antitoxins may be injected into the rectum, after an enema, in the same doses and with as good results, as when employed

hypodermically. Bienwald has arrested the hemorrhage of a small wound on the face of an hemophilic by the application of freshly-drawn blood from a healthy woman. Wright has had success with a solution of fibrin ferment and chloride of calcium as a styptic.

## Bottini's Method for the Galvano-Caustic Radical Treatment of Hypertrophy of the Prostate, with Demonstration of Instruments.

Willy Meyer, M.D., in Medical Record.

Dr. Willy Meyer read a paper on this subject. He said the surgeon found it difficult to advise the best method of radical operation for hypertrophy of the prostate gland, for there were many operations and the difficulty was in selecting the better one. This was especially so if the patient was over fifty years of age and refused to have the testicles removed or the vasa deferentia resected. Whether prostatectomy should be tried, or an effort made to influence the size by ligating the internal iliac arteries, or to establish suprapubic fistula with permanent drainage of the bladder was a question. He had seen patients get along very well with a suprapubic fistula, but others suffered a great deal. We were indebted to Dr. A. Freudenberg, of Berlin, for calling attention to Bottini's galvano-caustic radical operation. It was strange that so excellent an operation should be used by only one man for twenty-two years, and that man the author of it, when the operation had been presented to the profession by the author. It was probably due to the fact that the instrument was made in Italy, and Bottini was ever expecting to make improvements. Now the instrument was made by W. A. Hirschmann, of Berlin, and its manufacture could be relied upon. Bottini first operated in 1875, using what is called the "cauterizzator" and incisor, in the shape of a catheter of medium calibre, with short beak, carrying a porcelain disc on a platinum plate about three-fourths of an inch long. With this plate, made redhot with the electric current, he cauterized the prostrate thoroughly at different spots, and if necessary repeatedly. When the eschar was pushed off, improvement began. Sometimes it was thirty days before the patient felt the change. Two years later he published five successful cases. Then he used only the incisor, which removed the mechanical obstruction to the outflow of the urine by slowly burning a groove or grooves through the same, and not by superficial destruction. Dr. Meyer presented this instrument to the society. It was made with a male and female arm; the shank contained a platinum knife, about five-eighths of an inch long, which left the groove of the female arm on turning an Archimedean screw at the outer end of the instrument. A scale attached regulated the length of the groove to be cut. There was also a cooling apparatus which prevented injury to the bladder or urethra. The operation should be preceded by cystoscopic examination. This would exclude the possibility of vesical calculi, and then it was possible to diagnose the presence of a median lobe to the prostate. Dr. Meyer said he had done this, as operation afterward confirmed the diagnosis, and he mentioned it because Dr. Fuller maintained in the section on genito-urinary surgery that it was not possible. The technique of Bottini's method was simple. The bladder was emptied and irrigated; the posterior urethra locally anesthetized with cocaine by injecting one and one-half drachms of a one or two per cent. solution directly into the posterior urethra or into the anterior, and gentle massage applied over the perineum. Five minutes later the operation could be performed. The bladder must be thoroughly emptied before introducing the cautery, for the cautery is then much more effective. It would be found in many cases that the gland surrounded the internal urethral orifice like a collar. Having tested the instrument to see if it is perfect in all respects and the cooling apparatus all right, Bottini burns three grooves—the first toward the symphysis, another just opposite directly back toward the rectum, and one through the lateral lobe that is the larger.

Dr. Meyer described the operation in detail. The operation lasts, according to the number and length of the grooves cut, about five minutes. The patient suffers but little inconvenience during or after the operation. It had been performed without cocaine, and the patient said he preferred it to examination with the stone searcher. Soon after the operation the patient generally complains of a burning sensation on passing water. Most of them remain permanently out of bed, the general reaction being almost *nil.* If the bladder has been carefully irrigated there is no rise in temperature. In eighty cases Bottini had not seen a serious hemorrhage, and advises against the permanent catheter. The effect is often immediate. Even patients eighty years old, slaves to the catheter, commence to void the contents spontaneously a short time after operation. Dr. Meyer mentioned some of the theoretical objections to the operation, but experience had proven these unimportant. A careful observer had never seen a recurrence in twenty-two years. The writer gave a short resume of the operations performed by different physicians and their results. He thought the operation should be given a fair trial, and if it should really prove to be of such great value in the greater number of cases of this dreadful disease, it would become a duty to place it first among the radical operations for hypertrophy of the prostate gland.

## Results of Thyroid Feeding in Insanity.

The Philadelphia Polyclinic.

Dr. Cross reports results in twenty patients, twelve females and eight males. The extract in tabloids of five grains each was administered. The forms of insanity under treatment were melancholia agitata, melancholia, senile dementia, chronic mania, mental enfeeblement, and dementia. The results were in seriatim:

(1) *Melancholia Agitata.* Four females and one male. The four females were unimproved, the male greatly benefitted. The history of this patient is, briefly: masturbator, age 24, anemic, cardiac action weak, signs of consolidation and crepitation at apex of right lung; of suicidal tendency. Was admitted to hospital in April, '96, and had not improved after eight months' general treatment. He was then placed upon the extract of thyroid body in tabloids of five grains daily. Thirty grains were at first given; the dose was finally increased to sixty. Treatment was continued for nine days, when it was discontinued owing to a failing pulse. Patient was brighter mentally, but shortly had a relapse which lasted a week. He then began to improve steadily, and was discharged three months later. No further relapse occurred.

(2) *Melancholia.* Three females and four males. The females and all but one of the males were unimproved. This one patient had been under observation for over a year without showing benefit. Three days after treatment with thyroid was begun he appeared brighter, talked more, and even asked for a book to read. The treatment continued for nine days; at no time were more than nine five-grain tabloids given daily. The improvement is still marked after a lapse of six months.

(3) *Senile Dementia.* One female. No improvement under treatment.

(4) *Chronic Mania.* Two females. No improvement under treatment.

(5) *Mental Enfeeblement.* One female and two males. No improvement under treatment.

(6) *Dementia.* One female and one male. No improvement under treatment.

The author concludes that all cases gave a greater or less reaction to the thyroid, viz.: slight rise of temperature, slightly increased respiration, and marked increase of pulse-rate with weakness of the beat. In all cases the pulse was first to show any change, and was most affected by the drug.

The reaction in all cases became more and more pronounced towards the end of the treatment, passed off gradually when the drug was discontinued, but was quite noticeable for a week at least. The reaction, too, varied in intensity in different subjects, but not in sufficient degree to per-

mit of any positive deductions. An interesting feature was that none of the males became excited while taking the drug, although two showed such marked improvement.

The author finally makes a plea for a thorough trial of the thyroid in apparently hopeless cases of insanity.

## Medical Testimony.

Medical Standard.

At a meeting of the Medico-Legal Society of Chicago held recently, the general subject of personal injury suits was discussed by a number of physicians and lawyers of considerable experience. Fifty million dollars was given as a fair estimate of the amount claimed in personal injury suits pending in the city of Chicago. Some of the cases are meritorious; the most of them are tainted with dishonesty, and the great majority are compromised without trial. This state of affairs is largely due to the questionable practices of attorneys in building up a tariff in such cases. The decision of the State Supreme Court that a personal injury claim is assignable has had much to do in increasing the traffic.

The feature of special interest to the medical profession in the discussion related to contingent fees. The attorneys declared that the lawyer should have his right to accept contingent fees recognized, but it was declared that when a physician accepts a contingent fee he divorces his duty and his interest; his duty being defined as the effort to lessen the injury as much as possible, and his interest to make it seem as great as possible. In this attitude is reflected the dominant policy of representatives of the legal profession in discussing issues involving members of the two professions. The lawyer is willing to reform an evil, but wants to do so by reforming some one else. He admits that it is the legal profession that is primarily at fault in multiplying the blackmailing personal injury suits, but wants the attorney let alone in his "right" to take a contingent fee, while at the same time imputing a deviation from duty on the part of the medical practitioner who does the same thing. As an excellent illustration of the place and manner in which this particular evil may be abated, it is only necessary to refer to the law in Iowa, where the per cent. of a judgment which a lawyer may retain is regulated by statute, and where the court is given a general supervision over the entire matter. This places the responsibility for the multiplication of these suits where it belongs, at the door of the lawyer. It might be a hardship on some poor persons with just claims, to deny them the privilege of legal assistance on the basis of contingent fees, but the legal profession should protect itself and the medical profession, which is only incidentally involved, by procuring such legislation as will prevent a wholesale traffiic in claims for personal injury.

## The Treatment of Coxalgia.

La Presse Medicale.

Jalaquier is opposed to resection, and thinks that this operation should be reserved for coxalgias complicated with constantly discharging fistulas or abscesses that have resisted punctures followed with injections of camphorated naphthol or of iodoform ether. The operations of the author have been atypical, and he never has felt sure that he has arrived at an entire curettage of the articulation. He agrees with Menard that preliminary injections create a condition favorable to the success of the operation. In the treatment of non-suppurative coxalgias he is not exclusive. In the hospital and where the patient can be closely watched he employs continued extension. When the pains have disappeared at the end of the seventh or eighth month he usually applies a plaster dressing and permits walking on crutches, having the patient wear a raised shoe on the healthy side. When the case cannot be attentively watched Dr. Jalaquier applies the plaster at first after resecting under chloroform, if the position is defective. The author agrees with Brun in saying that abscesses do not follow more

frequently in children treated by this method than in those treated by continued extension. The author does not share the fears expressed by Kermission relative to resecting under chloroform a coxalgia in defective position with or without dislocation, but he emphasizes the statement that he does not employ this method in coxalgias complicated with abscess. When coxalgias are cured or almost cured in a defective position, subtrochanteric osteotomy gives good results. Of 122 cases treated at the Trousseau Hospital 67 have presented abscesses. Of the 122 patients 11 died, 7 of meningitis, 4 of pulmonary complications. The mortality rate is not accurate, as many of the children were not watched to the end. Of the 122 cases 46 were treated by simple continued extension, and it is curious that in this series we find 5 deaths from meningitis and 4 from pulmonary complications. Eighteen were treated by simple immobilization without resetting; they furnished two deaths from meningitis. Forty-one patients submitted to resecting under chloroform. In this series he found no deaths from meningitis or pulmonary complications. This may be due to good fortune, but the author thinks it is because he has never applied forced resection in children having abscesses or when the general condition was bad. As to the comparative value of camphorated naphthol and iodoform ether in the treatment of abscess, he states that 18 abscesses were cured after 68 injections of camphorated naphthol, or an average of three or four punctures for each patient. Twenty-three abscesses were cured after after 52 injections of iodoform ether, or about two punctures for each patient. Twenty-two abscesses were cured by the combination of the two agents. Abscesses that proved refractory under camphorated naphthol were cured after several injections of iodoform ether. For these reasons the author prefers iodoform ether. Some abscesses thus treated become fistulous, but the proportion cannot be exactly given; this occurred only when the skin was ready to break spontaneously. The cure of these fistulas can be obtained if care is taken to avoid secondary infection and resort is had to frequent touchings with a solution of lactic acid, one in three.

## Relation between Diabetes Mellitus and Diabetes Insipidus.

Medical Chronicle.

Senator says experiments on animals have shown that there is a close relation between polyuria and polyuria with glycosuria. Clinically, also, there is a close relation between certain cases of diabetes mellitus and diabetes insipidus. With regard to the etiology, it is well known that both forms of diabetes are often connected with altered conditions of the nervous system. In the etiology of diabetes insipidus affections of the nervous system play by far the most important part. Of course the disease is not always due to gross pathological changes in the nervous system, but frequently only to functional disturbances, neuroses, psychoses, and neuropathic conditions, acquired or hereditary. The same is true also of diabetes mellitus. Frequently, in the same family, besides diabetes mellitus or diabetes insipidus, epilepsy, psychoses, hysteria, and other diseases occur. Another point indicating the relation between the two diseases is the occasional occurrence of diabetes mellitus and diabetes insipidus in near blood relations. The author records a case of diabetes insipidus in which the mother had died of diabetes mellitus. But the best proof of the relationship of the two diseases is the transition of one disease into the other, or the alternating appearance of the diseases in the same patient. The transition of diabetes mellitus into diabetes insipidus is the more common. This is a favorable change, since sometimes complete recovery occurs. First the sugar disappears from the urine, and then in course of time the quantity of urine becomes normal.

The author records two cases illustrating the transition of diabetes mellitus into diabetes insipidus, and refers to a number of others reported in medical literature. He also records two cases of diabetes mellitus in which the sugar disappeared and was replaced by albumen; then the albuminuria disappeared and polyuria remained. Fially the patients recovered completely.

Notes of another case are given in which symptoms of diabetes insipidus were present; finally glycosuria occurred, and the patient became wasted and died.

The occasional alternating occurrence of diabetes mellitus and diabetes insipidus in the same patient is then referred to, and a case of C. Westphal is quoted.

## Hiccoughs Treated with Quinine.

The St. Louis Clinique.

Dr. Luke Fleming gives an account in *Medical Record* of a severe case of hiccoughs in a girl of fourteen years, of good family history, in whom paroxysms continued for half an hour, and returned the following day with increased severity. The doctor recollected that quinine given her on a former occasion for malaria had produced urticaria. He decided to give it now for its effect on the nervous system. For two hours the paroxysms were worse. At the end of that period, however, the ten grains administered had produced a severe urticaria, and the hiccoughs promptly stopped and did not recur. The author regards it as unwise to treat these cases with nerve-sedatives; he recommends nerve-irritants.

## The Physical Bases of the Antiparasitic Treatment of Wounds.

Semaine Med.

An interesting series of experiments at the Institut Pasteur prove that there are other factors to be taken into account besides asepsis and antisepsis. The absorbent nature of the dressings, the position of the wound, and the condition of the atmosphere favor the absorption of microbes, or the reverse, proving in many cases the most effective weapons in the struggle of the organism against the micro-organisms. The physical processes involved are evident when a small roll of gauze is placed astride on the edge of a glass of water, one end touching the water and the other outside, below its level. The water is drawn up into the gauze and soon begins to drip from the other end. If a drop of methylene blue is placed on the gauze the stain will only affect that part of the gauze beyond it, even if that end of the gauze is raised. If strychnine is sprinkled on a wound in mice, it is absorbed and the animal dies, but if charcoal, magnesia or some similar substance is sprinkled first, or soon after the strychnine, it is not absorbed by the tissues. Intoxication can also be arrested by applying a moist dressing even after the first symptoms have appeared. Similar experiments with putrid matter, anthrax spores, septic blood, etc., show that the microbes do not find an entrance if absorption and evaporation draw the current outward, but if it is checked by stagnation of the secretions, or any cause, the micro-organisms find their way in.

## The Disinfection of the Hands.

The Post Graduate.

This subject, which is of such great importance in clinical surgery, has been carefully studied by Wier (*American Journal Medical Sciences* from *Medical Record*) whose studies lead him to the following conclusions.

1. That the solutions of corrosive sublimate are unreliable.

2. That such disinfection is far best applied, and in the order named, by the use of nascent chlorine, alcohol, or potassium permanganate.

3. That chlorine is satisfactorily evolved by the conjoined use of moistened chemical chlorinated lime and crystalized sodium carbonate.

4. That of these three procedures the chlorine treatment is least hurtful to the hands; alcohol the most trying.

The author has devised a simple, easy and inexpensive, yet efficient, method of obtaining the sterilization by nascent chlorine.

After the usual scrubbing with soap and water, and the use of green soap, and cleaning the periungual spaces, one or more large crystals of carbonate sodium (washing soda) are taken in one hand and covered with

about a tablespoonful of bleaching powder (chlorinated lime), and enough water is added to make a thin paste, which at first feels warm, and from which fresh chlorine gas comes. This is rubbed for two or three minutes over the hands, nails and forearms until a creamy paste is formed or until sodic crystals impart a cool sensation, or until the rough grains of bleaching powder have mostly disappeared, when the hands are washed in sterile water.

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## The Treatment of Placenta Praevia in Pinard's Clinic.

Philadelphia Polyclinic.

Welti. (*Corresp. Blatt. fur Schwei. Aerzte*) The detachment of the placenta is due to the traction of the ovisac. The pains press the presenting part upon the ovisac, and when the placenta is normally situated, the tension is equalized by the elasticity of the whole sac. But when it is situated too low down, elasticity cannot come into play, and the sac ruptures, or the placenta is detached. To relieve the tension of the sac the membranes should be ruptured.

1. During pregnancy: The position of the fetus, should, if necessary, be converted into a head presentation by external version. Repeated hemorrhage with rise of the pulse-rate calls for rupture of the membranes. Champetier de Ribes' bag is introduced with forceps, and when it is expelled, the labor is if possible left to nature, otherwise, terminated by forceps or version.

2. During labor: The position may sometimes be improved; in cases of serious hemorrhage the membranes should be ruptured, if the head engages the bleeding stops, if it does not the bag is inserted, and the dilatation of the os expected.

3. In the third stage: If hemorrhage is going on, or if much blood has been lost, and the pulse becomes quick, the placenta should be detached, and hot water injected, alcohol administered, and the subcutaneous or intravenous injections of solutions of salt (a tablespoonful to the like of boiled water) should be employed.

This treatment gave a maternal mortality of but 2.6 per cent.

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## The Action of Potassium Nitrate in Cardiac Disease.

American Medico Surgical Bulletin.

Dr. Krivongoff has employed potassium nitrate 10 grn. six times a day on sixteen patients affected with heart trouble, and in a stage of asystolsm, and reached the following conclusions (*Thesis of the University of St. Petersburg*).

1. The cardiac beats increase in intensity and diminish in number; the arrhythmia is diminished.

2. The passive congestion in the lungs, in the liver, and in the kidney diminishes; the diuresis increases, the edema and albuminuria disappear.

3. The general condition is constantly improving. In eight cases the success of the treatment was complete, in five it was satisfactory, and in three—where the cardiac affection was complicated with cirrhosis—the improvement was temporary. It is especially in affections of the myocardium, and in arterior-sclerosis that the saltpeter treatment is indicated.

Finally, the author tells us that his clinical observations regarding the action of potassium nitrate on the strength and number of the cardiac beats were confirmed by him by numerous experiments upon the lower animals.

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